AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus at Barrington Place
2341 West Norvell Bryant Highway
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013001019

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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2727 Mahan Drive
Tallahassee, FL 32308
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963839	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BARRINGTON PLACE	2341 W. NORVELL BRYANT HIGHWAY LECANTO, FL 34461

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On : unannounced compliance survey CCR #2013001019 was conducted at Emeritus at Barrington Place Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 031 SS=D	58A-5.0182(7) FAC Resident Care - Third Party Services (7) THIRD PARTY SERVICES. Nothing in this rule chapter is intended to prohibit a resident or the resident ' s representative from independently arranging, contracting, and paying for services provided by a third party of the resident ' s choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for continued residency and the resident complies with the facility ' s policy relating to the delivery of services in the facility by third parties. The facility ' s policies may require the third party to coordinate with the facility regarding the resident ' s condition and the services being provided pursuant to subsection 58A-5.016(8), F.A.C. Pursuant to subsection (6) of this rule, the facility shall provide the resident with the facility ' s policy regarding the provision of services to residents by non-facility staff. This Statute or Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility did not have a correct care plan from a third party provider for 3 of 6 residents residents #3, 4, & 5. Findings:	A 031		

Agency for Health Care Administration

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A 031	Continued From page 1 On during a record reviews of residents #3, 4, & 5 it was observed that they had a hospice care plans which stated that residents could transfer with two person assist. However based on staff interviews and observations of residents #3, 4, & 5 they needed total transferring. On at approximately 8:55 AM an observation of Resident #3 transition from the wheelchair to the couch was made. Two staff members were needed to lift resident A from her wheelchair to the couch. The staff members used proper lifting mechanics and proper body mechanics. On at approximately 11:20 AM an interview with facility staff was conducted. When asked how she transfers Resident #4 she stated she is a total lift. She has her good days and bad days, but mainly we have to lift her. She was then asked if hospice is aware that this resident is a total lift she stated yes. On at approximately 1:05 PM an interview with facility staff was conducted. She was asked if Resident #5 needs assistance with transfer and activities of daily living. She stated that Resident #5 is definitely total assist. She has been declining rapidly and her assessment was just changed to continuous care with hospice. Class III	A 031		